CURB RAMP REQUEST FORM

CITY AND COUNTY OF HONOLULU DEPARTMENT OF DESIGN AND CONSTRUCTION

This form is to be filled out by or on behalf of a person with a disability who requires the installation/modification of curb ramps or the modification of existing accessible paths leading to curb ramps within public rights-of-way.

Fill out this form as completely as possible or call 768-8801 (Voice) for assistance. Provide a written description or sketch of the location(s) where curb ramps are needed for programmatic access to City services and/or facilities.

Within two (2) weeks of receiving a request, a representative of the City's Department of Design and Construction will contact the person making the request. A staff person will arrange to meet with the person making the request and the person needing the modification either at the location(s) noted or at an alternate site, if the location(s) are not accessible. Meetings will be held during the hours of 8:30 a.m. to 3:30 p.m., Monday to Friday.

LOCATION: NE NW SE SW ALL (Please circle appropriate location(s)) STREETS:	$W \longrightarrow E$
COMMENTS OR SUGGESTIONS:	Address Street Name
	Address Address
	Please mark intersection corner with an "X".
Please provide a brief statement of why the ramp is needed:	
Name of Person Needing Curb Ramp M	odification:
Contact (if different than above):	Phone:
Address:	Zip: Date:
Return to: Civil Division Department of Design and City and County of Honolu 650 South King Street, 15th	lu
Honolulu, HI 96813	07-24-08